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**ARMED FORCES INSTITUTE OF PATHOLOGY**
**ORAL HISTORY PROGRAM**

INTERVIEWER: Charles Stuart Kennedy
DATE: April 22, 1992

*Q: Dr. Cowart, I wonder if you could tell me a bit about your background, where did you come from, where did you grow up?*

**DR. COWART:** I was born and raised in Alabama, southeast Alabama. We moved to New Orleans the year I started high school, and I was there through my high school, college, and med. school days.

*Q: Did you grow up in a town, city, farm?*

**DR. COWART:** Dothan, Alabama, at that time, was about a twelve thousand population town; I wouldn't call it a city, although it has grown to such since. But, as I say, I was thirteen when we moved away from there, and no relatives were there, so I rarely get back in that area.

*Q: Were there medical people in your family?*

**DR. COWART:** No, I was the first, to my knowledge. We had a college professor in the family, and my father himself was an independent cotton broker until the Depression wiped him out. And that prompted the move to New Orleans.

*Q: Where did you go to high school in New Orleans?*

**DR. COWART:** A local public school called Alcee Fortier High School. I graduated from there in 1940.

*Q: This put you very close to the time of World War II, at that time, in 1940.*

**DR. COWART:** Right at the beginning of the war I finished high school. I had been accepted to med. school after I got into Tulane in the pre-med. program. And the Navy saw fit to keep some of us on active duty, but keep us in school, and that's how I came through med. school.

*Q: What prompted you to go into medicine?*

**DR. COWART:** It's all I ever heard from the day I first recognized words, that I was going to be a doctor, and I grew up with that impression.

*Q: Was that mother or was that father or both?*

**DR. COWART:** A combination.

*Q: What prompted them to turn you to medicine?*

**DR. COWART:** I have no idea, other than their admiration and respect for doctors they knew.

*Q: Was there a choice, when you were getting out of high school and getting ready to go into college and into medicine, of which branch of the service to go into?*

**DR. COWART:** That came later. When we first started becoming aware of the services in those early days of World War II, and I guess by the time I was finishing high school, I was aware of the difference between Army and Navy, and the Navy just seemed to appeal more when the time came to sign up.

*Q: Did you sign up for the Navy when you started med. school?*

**DR. COWART:** Actually, prior to med. school. Before we even completed the pre-med. course we had to make our choices, and I selected Navy and went with their program.

*Q: How long was the Navy medical training program and how did it work?*

**DR. COWART:** This was called the V-12 program; I don't know what that really means or stands for, but it was a training program that involved more than medical school. They stepped-up the curriculum; we went through four academic years of medicine in two years and ten months, for instance, our class did. And we were in uniform for this entire time. There were no drills for the Navy. We laughed at our Army confreres; they were subjected to drilling and everything that goes with Army life, but we had it rather nice.

*Q: Did they ever put you in a rowboat or something like that out on one of the lakes?*

**DR. COWART:** No, no, our business was to go to med. school.

*Q: When did you get out of med. school?*

**DR. COWART:** Nineteen forty-six.

*Q: Did you come out with a regular degree, or were you at all into any specialty at that time?*

**DR. COWART:** No, no, this was an M.D., a Doctor of Medicine degree. That was followed by an internship for one year, again, in New Orleans. After that, we owed the Navy some time, and so went on general duty with the Navy for three years.

*Q: Where were some of your earliest assignments?*

**DR. COWART:** Well, my so-called indoctrination was a three-month stint at the Naval Air Station in Corpus Christi, Texas. While there, I got orders to the Trust Territory of the Pacific, specifically to an island in the Western Carolines, the island name of Yap. I spent thirteen months there and then went up to the Naval Hospital at Guam. I spent a year and half there.

*Q: Did you get involved in tropical medicine while at Yap? There was an indigenous population.*

**DR. COWART:** There was no way to avoid it, really. Infectious diseases, parasitic diseases were there, and we did get involved. That really didn't prompt my later leanings toward pathology, or anything of that nature, but it was of interest to the few of us who were exposed to it in those days.

*Q: Well, I would imagine that you were dealing with a relatively primitive culture, weren't you, on Yap?*

**DR. COWART:** Oh, yes.

*Q: And the advent of American medical practice must have made a considerable impression, didn't it?*

**DR. COWART:** I saw my first penicillin while I was on Yap. We had a ship come through from Guam that had two senior medical officers; they were making a tour of the Trust Territory. I went with them for a three-week jaunt through about six of the adjoining islands. And my first experience with penicillin was to give some injections to some patients with yaws.

*Q: Somehow, I always associate yaws and Yap together. I don't know whether it's the name or...*

**DR. COWART:** Well, yaws was all over this area, yes, indeed. And it was fascinating to watch the rapid response of the yaws lesions to just one penicillin dose. It was amazing.

*Q: Then you went up to Guam. This was a little more generalized medicine, I assume, there.*

**DR. COWART:** That's correct. We had a larger American contingent to deal with there. On Yap, we had had only a maximum of twenty-two Americans at any one time. Toward the end of my tour on Yap, we were down to no more than eight. So, yes, Guam was a change. We got into a more Americanized type of medicine, still general practice.

*Q: Well, I take it that stirrings of interest in pathology were still dormant at this time.*

**DR. COWART:** Very much so. No thoughts. My goal had always been to be a family doctor.

*Q: You were on Guam until when?*

**DR. COWART:** I was there for a year and a half. I left there in May of 1950, and back to the United States.

*Q: So, just in time for the Korean War.*

**DR. COWART:** Well, the timing was such that my papers were all ready for discharge when Korea started, and I had already lined up a position in a small town, as a GP.

*Q: Where were you going to go?*

**DR. COWART:** To south Mississippi. There was a small town in Lincoln County, which is about fifty miles south of Jackson. I had communicated, actually, through my father, who traveled a bit in that area. He had made some contacts, and I communicated with these people. And so I left the Navy and went into a general practice.

*Q: How long were you in general practice?*

**DR. COWART:** I was there for five and a half years. During that time, I made the decision to go into pathology. And that's what prompted my move from Mississippi.

*Q: What got you into pathology?*

**DR. COWART:** I think it was more a process of elimination than any positive desires or urgings to go into the lab. I thought about it for a couple of years before actually making up my mind, and, for whatever reason, I chose pathology.

*Q: You say a process of elimination, what were some of the things you eliminated and why?*

**DR. COWART:** Well, to go back a bit, during my internship, my strongest interest was in two fields: one was urology, which I got to like very much, and the other was obstetrics. During my general practice, though, both the three years in the Navy plus the five years in general practice in Mississippi, I got enough of OB and urology. I had never been strong for surgical activities, anyway, so I just gradually eliminated other fields and ended up with pathology. I really can't be more definitive than that.

*Q: Was there the equivalent to a mentor or somebody you knew in pathology that you could talk with, to sort of help you decide there?*

**DR. COWART:** No. My only contact had been my professor in medical school days, a professor of pathology, who was a great pathologist in his own right. Actually, he became more

well known in later years than during those years. He had just left the Army himself when I entered med. school.

*Q: Who was this?*

**DR. COWART:** That was Charles Dunlap. He had a name in pathology. Anyway, that had no bearing on my decision. Actually, pathology in our med. school at that time wasn't the greatest course, and I think most of us sort of slept through the lectures, anyway.

*Q: All right, you're basically a small-town doctor in southern Mississippi, and you decide, all right, pathology is for me. Now how do you make the jump into pathology?*

**DR. COWART:** Well, first you have to go into training, just like anyone. You have your M.D. to begin with, but then you need special training, and the program calls for four years. The only way I could afford it at that time was to have some subsidization, and that turned out to be through the Navy. At the end of World War II, all the services...well, the Army and Navy, the Air Force crept in at about that same time, but the Army and Navy established their own training programs in many specialties, and they were looking for people to fill these positions. The timing just happened to be fortuitous for me, and I applied.

*Q: Was this 1955ish?*

**DR. COWART:** This was right at the end of '55 when I actually left Mississippi. The decision had to be made a year or year and a half before that. I had to go through all the paperwork to get back on active duty in the Navy, and to get the assignment. And it worked out very nicely. The Navy sent me to Washington, actually to Bethesda, to the Naval Medical Center, for my residency, and I spent four years there.

*Q: Did you have any contact, either as a young civilian doctor or when you were in Bethesda, with the...well, it would have been the Armed Forces Institute of Pathology by that time?*

**DR. COWART:** That's correct.

*Q: Did you have any connection with them while you were doing your Navy training?*

**DR. COWART:** Tell you the truth, the first time I ever heard of the AFIP was when I was in my residency in Bethesda. Prior to that, I had never even heard of them, didn't know they existed.

*Q: Well, here you were, there was the Armed Forces Institute of Pathology sitting over...well, by the time you were here, it was right where it is now, on the grounds of Walter Reed, and you're a couple of miles down the road in Bethesda, studying pathology. But the Navy had its own separate program. Was there a feeling of rivalry or a distance from it, or was there a connection between the two at that time?*

**DR. COWART:** Oh, no rivalry that I was aware of. It was really a cooperative effort. As I say, I first heard of the Institute when I was in the residency. Actually, my chief of pathology took me in tow one day, with a box full of slides, several cases that we had been studying, and came over here. That was my first introduction. He took me around and we visited two or three different departments. And subsequent to that I signed up for a number of the short courses that AFIP was, even at that early date, putting on. And during my four years' training I suppose I attended, oh, seven or eight of the short courses. So I got to see a bit of the Institute during those years. As I say, though, I would call it a cooperative effort. We didn't depend on them, like a dependent child. The Navy (and this I will bring out later) is pretty independent as a whole. We did, though, take advantage of the programs and the expertise over here, in the way of consultation.

*Q: Were the Army and the Air Force training their pathologists in other places, too?*

**DR. COWART:** Yes. Each service had set up its own training programs, yes, and each was self-contained. There were certain of the major medical centers, they were called hospitals then, Naval hospitals or Army general hospitals or whatever, and certain ones were designated as training centers for certain specialties. Bethesda did have the pathology program. There were two or three other Naval hospitals that had the same training programs available.

*Q: While you were studying pathology at Bethesda, what was the practice if a complicated specimen came in and you wanted to know more about it? Would it be sent over to the Armed Forces Institute of Pathology, or would it be more or less resolved for the most part in Bethesda?*

**DR. COWART:** Well, most cases by far were settled on site. Like I said, though, my first experience, my chief of pathology bundles me and a few cases up and comes over here and we talk to people. That was a rather informal way of doing it, and it still goes on, although it's discouraged. There is a procedure that we try to keep in line for submitting cases, but that is often circumvented by a personal visit. But, yes, if a very difficult case came along, it would be referred over here, more than likely. We did have other consultants, I mean, civilians on the outside, locally, who we would send an occasional case to. Actually, there were one or two people who would visit the Naval Medical Center occasionally and spend maybe two hours, half a day, looking at our cases or attending a tumor board or whatever.

*Q: While you were going through the training at Bethesda Naval Hospital, did you begin to concentrate on any particular field of pathology?*

**DR. COWART:** No. No, I guess the closest I came to it was as part of our training program... First of all, there were about a half a dozen of us in training. We were staggered. There were two of us that started at the same time, in 1956, when I came up here. The following year, two others came in and joined us. We were by then second-year men, they were first-year men, and so on until we filled the entire billet. At most, there were eight of us at one time. Each of us was assigned certain teaching duties on our own, and this was a cooperative effort between our

pathology department and the other departments of the Naval Hospital. We had the gynecologists, we had the urologists, the surgeons, and a couple of other specialties that we routinely had organized programs for. This was part of our training, too. For instance, I would be assigned, say, gynecology or urology. I actually did both for a couple of years, urology and gynecology. And we would organize a number of cases that had come from those departments, and discuss them for an hour, hour and a half, with the trainees in those departments. They would often send their staff men as well. But that was an in-house training program that kept us in contact with the clinical specialties in our own hospital.

*Q: Well, then, you went out into the general Navy to perform your pathology, or did you stay at Bethesda?*

**DR. COWART:** No, this is where my life in pathology began to fade a bit. My first duty on completing my residency was to the Navy's medical research unit in Cairo, Egypt. Now because of my five years out of the Navy, between Guam and Bethesda, I had accrued certain benefits: I remained on the Reserve list and I earned a few credits toward longevity and promotion. It turned out that by the time I left Bethesda, I was a three-striper, I was a commander. That was very unusual, but, because of my time, there it was. I got to Cairo and found myself the number-two man on the list rankwise. The commanding officer made me his executive officer because of that, and he gave me a desk next to his office, and I spent my four years in Cairo at the research unit doing administrative duties. I was still there as the pathologist and I saw cases. I also had two other pathologists with me who did most of the routine work. I did spend time in the lab and maintained some contact, but more and more I found myself in administration.

*Q: This was about 1964?*

**DR. COWART:** I left Bethesda in the spring of '60, and I left Cairo in the spring of '64, right. My orders were to the AFIP.

To continue the administrative story, General Blumberg, who was then the director of the Institute, assigned me the duty of curator of the Medical Museum, which was located downtown on the Mall at that time. This was primarily an administrative job. In addition to being curator of the Museum, he named me his assistant to the director for administration of the annex. That was called the AFIP Annex at that time.

*Q: That was the Museum?*

**DR. COWART:** That was the Old Red Brick, yes, on the Mall. So I spent my five years this time, from '64 to '69, at the Museum site. And much of that was administrative duties, which I had begun to like; I was enjoying administration. As far as bench pathology, once I left Cairo and what little bench pathology I engaged in there, I rarely did any consultative work, and just got further and further away from it, and ended up totally in administration.

But those five years with the Museum, well, it was a mixed bag. This period of time was when the Old Red Brick building was demolished. In the beginning, in ‘64, we were just

beginning to spruce it up and fix it up for opening the new Museum. I call it 'new' because it had been in storage for a number of years, and what little had been on display had had to share space with the National Library of Medicine. Just before I arrived on the scene in '64, the Library had moved out. They had just completed their new building out at NIH. There were still marks on the walls where their racks had stood; you could see where the bookcases were. And part of our job was to get it shaped up and install new exhibits. So we devoted time between then, 1964, and '68, when the word came down: Demolish. So we started packing up again.

*Q: Well, now, when you went out to the Museum and you were setting up, what, as you understood it, was the purpose of the Museum? What was it going to be used for?*

**DR. COWART:** Our target was education for the general public. In a nutshell, that was it. Our goal was to prepare exhibits that would be of interest and of educational value to the general public. That's what we were doing, and that was the program General Blumberg had laid out before I ever arrived on the scene. So those were my marching orders, and we went with it. This meant getting as much assistance as we could from the chairmen of the departments out here at the Institute. No one individual, and I was the only pathologist down there on duty in the Museum full time. There were other people there, but they were part of the Institute's professional staff. And we can go into that later if you wish. But part of our job was to get the cooperation of the department heads out here to work with us in putting together exhibit materials. We did have the full cooperation of the Scientific Illustration Division and the shops at AFIP to construct and to do whatever art work was necessary to go along with this. And this was General Blumberg's doing; he had them all understand that this was a high priority, we're going to get that Museum on its feet and do it.

*Q: Could you describe a bit how you saw General Blumberg, who was obviously a major figure in the AFIP time. I take it he was very much of an activist and all. What was your impression of his method of operation and his interests?*

**DR. COWART:** Well, you could call it an expression, it wasn't a joke, it was deadly serious, he was what everyone referred to as a benevolent dictator. You might have heard that from others prior to now, but that is fact. He was a wonderful individual. He was as supportive as anybody you could ever want. And his goals made sense. I mean, I couldn't argue with any of them--and that wasn't because he was a general and I was a captain--but I just happened to agree with his ideas, on these projects, at any rate. And that was really my only contact with him. We became very good friends, and in later years we saw a lot of one another. But he was intensely interested in this organization, and I mean the Institute as a whole as well as the Museum, and he pushed it and he supported it. Actually, the AFIP was his life.

*Q: Well, you had the director of the Institute being a benevolent dictator, saying support this, but when you have a museum that is off to one side anyway in its tasks and purposes from a consulting bureau of pathology, and then being not on the same site but five miles away or so, did you find this was a problem in getting cooperation with the rest of the AFIP?*

**DR. COWART:** It wasn't a major problem. There were some logistical problems, but they could be overcome. Actually, the biggest problem was the department heads or their staffs finding the time to devote to Museum efforts, which meant giving up a certain amount of time to their regular pursuits, which were their own goals and priorities. As a result, many of them, I believe, may have used this distance between us as reason or an excuse not to do anything. But there were a good half-dozen of them who kept us busy full time. They were interested, they wanted to participate, and they did.

*Q: Well, you were coming into the museum business, which obviously you hadn't been in before, at an interesting time, because museums up until about that time throughout the world were sort of considered places where you just sort of stuck things and kept interesting things and people would come and look at them. But there wasn't an awful lot of care taken to see that they really performed much of an educational function. But you were beginning to get much more of a professional look at how to make museums exciting and all this. Were you feeling the change in the attitude of museummanship or something like this at the time?*

**DR. COWART:** I really had nothing to compare it to from prior time. I'll have to be honest with you, I had never visited a medical museum prior to this experience.

*Q: I don't think there are many medical museums.*

**DR. COWART:** You can name a half a dozen, that's about it, of any substance. But prior to my arrival at the Institute in '64, I had never set foot in a medical museum. Even during my four years at Bethesda, I never went downtown to the Museum. It was never even talked about. Well, let's see, that was '56 to '60, it was probably in storage much of that time; I'd have to check the history on that. But the point is, although I visited the Smithsonian a few times during those years, it just never came to my consciousness to go into the Medical Museum. I never even thought about it.

Anyway, the point being, I arrived at a time when the program had been formulated, so I don't lay any claim to having produced the bright idea. General Blumberg got it from somewhere, and we picked up on it. Anyway, it was a new effort on the part of the Museum, and we did the best we could with it, as long as they let us.

*Q: Where did you tap expertise? Was it from within? Would you get civilian museum people to come in and help you, or did you pretty much have to rely on your own resources?*

**DR. COWART:** We had to rely primarily on our own. I did make a practice of visiting some of the Smithsonian people and talking to them. I can't recall more than a couple of times that I might have asked one of them to come over physically to visit with us and, say, look at what we're doing and talk about it. But I did make some contacts over there and got a little help in that way.

Additionally, but these weren't museum people, these... I was going to say the AFIP's

Scientific Advisory Board, the way it was run in those days, there were several panels that were set up, composed of different groups from the Scientific Advisory Board. One of those groups was devoted to museum activities. And three years in a row there we had them actually come down to the Museum, while we were still functioning, and visit and spend all day, if necessary, talking about what might be done or what might be a good idea or a bad idea or whatever.

But that was about the only outside help that we got.

*Q: Well, I gather, from some of the other interviews I've done and from what you've alluded to, that the relationship with the Smithsonian was somewhat distant and maybe almost resentful on the part of the Smithsonian. I've gotten this from some other ones, that here you were on the Mall, and people like medical museums--if they're easy to get to--and of course the Mall is where the tourists go. I remember, as a kid in knee pants, I went to the Medical Museum and enjoyed it immensely. I imagine that the Smithsonian, there was certainly a resentment. Here was a museum, which wasn't theirs, right on what they would consider their turf, right on the Mall. Could you talk a bit about the relationship with the Smithsonian.*

**DR. COWART:** I never saw any resentment exhibited in the people that I met. And, like I say, I visited them occasionally; it wasn't a daily thing, by any means, but I did meet several people. And, actually, we had some loan programs going with them. They had borrowed a number of our microscopes, for instance, and had them on display. I saw nothing of an adversarial relationship between the two myself, in my own observations. And even in later years I never saw anything as overt adversarial attitudes. It was sometime later in the history that suggestions that the Smithsonian take over the Museum came along. The best word I got on that was that the Smithsonian wasn't interested in having a medical museum. I got the impression that they might like to have some of the instruments, but as far as taking over the Museum, they had no interest at all.

*Q: Could you talk a bit about...here the Museum was, you were setting up the new Museum, what was the major thrust? You were out to educate the general public; did you have any particular themes that you were talking about or concentrating on at first? You know, prevention of smoking? (the surgeon general's report had come out just about that time) other things of educating? or was it just to say here's how medicine is practiced?*

**DR. COWART:** No, it wasn't a matter of saying how medicine is practiced; it was still aimed at pathology and the mechanism of disease: how disease progresses, how it develops.

One exhibit comes to mind, and that was the cardiovascular. We had several exhibit cases in which we attempted to provide the gross pathology as well as normal gross material, with textual material to go with it, explaining what happens, say, in coronary disease or in aneurysms or in whatever we might be talking about. It was simply a matter of explaining to the public how these problems come about, not how you go about treating them; we figured we would leave that for others. We would have some amount of surgical materials to show the after effects or to show what had been displayed on surgery. And I remember a couple of prosthetic devices that we had spliced into the exhibits, showing how, say, an artificial valve might

function, this sort of thing.

*Q: Did you have any connection during this period with support or questioning from Congress, or was Congress sort of removed from you?*

**DR. COWART:** My only experience with Congress, actually, was in the aftermath of the decision to demolish the old building, when the medical world of the United States got together and pushed the issue of replacing the Old Red Brick with the new structure out here. That was the first indication of any congressional interest that I ever saw.

*Q: Could you talk a bit about how the decision to demolish the building and the Museum and perhaps to eliminate it impacted on you?*

**DR. COWART:** Well, I didn't participate firsthand in any of these decisions. I did work with General Blumberg in meeting a number of people. I remember one group, there was a White House intern who came down, and then there was a representative from the secretary of defense's office who visited us one day. Most of what I have in mind is secondary information that I picked up from General Blumberg or others. And that was that President Johnson decided that he wanted to put the Hirshhorn Museum of Modern Art upon that site. I'm told that it was Mr. Hirshhorn's desire personally to have it on that site. He had looked at the entire Mall and pronounced that this is the only place that is acceptable to me. Now that's the way it came to me; I don't know how much truth is in that. But, anyway, President Johnson saw fit to push the issue, and, as a result, the old Museum was demolished. As I said earlier, that was about midway through my tour. Along about '68, the wrecker's ball actually came around. Prior to that, of course, we had to pack up and prepare for going into storage.

*Q: How long had you been in operation after you had gotten rid of the Library and opened up?*

**DR. COWART:** Well, the Museum had had some small displays, but this real effort had started maybe the year before I arrived in '64. So, say, from '63 until '68. It was actually less than five years that we had been building up to this point. During that time, we had installed a half a dozen very nice pathology exhibits--neuropath, cardiovascular, urologic, two or three others--plus the microscope exhibit. That was really the plum of what we had been working on during that entire time. And that's another feature all its own. Anyway, we had just reached that point and were feeling good about our progress when this came.

Anyway, we had to pack up, and this started along about the end of '67, I suppose. We had to locate a site, and here again I had the opportunity to work closely with General Blumberg, looking at a number of alternate sites, ending up with the old Bureau of Standards, a couple of buildings there at the corner of Connecticut and Van Ness, where we eventually relocated.

The Museum went into storage and the several other functions that were located downtown. There were a few departments of the Institute down there, plus a number of Medical Illustration Service activities. There was some photography, some filing, some of the art department, the legal counsel's office was down there, and two or three others. So we relocated

all of those to the Bureau of Standards location.

*Q: When you were on the Mall, how had attendance been as far as the general public was concerned?*

**DR. COWART:** Attendance was building steadily, annually. We saw steady increases, significant increases. I don't remember any specific numbers. I've heard Dr. Micozzi, the present director of the Museum, use the number of a million a year by the time we moved out. That is probably very close. Personally, from my own recollection, I really don't know for sure, but it was substantial.

*Q: Were you using an outreach program, having children from the various schools in the area coming in and using docents or somebody to discuss what was there?*

**DR. COWART:** We had only one or two docents during that period. Most of this sort of thing was handled by a lady who had been with the Museum, oh, I guess at that time she had been with them for over twenty years.

*Q: Who was this?*

**DR. COWART:** Her name was Helen Purtle. She was very good in this manner. She had set up these school visits herself and was totally in charge of it. And she conducted these tours regularly.

*Q: When you had to move, how did the Van Ness and Connecticut site work out for you at the Bureau of Standards?*

**DR. COWART:** It was a good storage location.

*Q: That was really it, wasn't it?*

**DR. COWART:** As far as the Museum was concerned, yes. We had absolutely no exhibit space. Well, I could qualify that. I think it was the fourth floor, it was the top floor of one of the buildings we had. Dr. Earle, who was then chairman of the Neuropath. Department, set up a room--actually it was a huge area under a skylight, I'll never forget that--and he set up some of his celloidin blocks of brain sections in this area, on a couple of big library tables. And set up a little bit of a teaching exhibit, on his own, right there. That was about the only display we had during that...well, I left before they moved out of there, but, anyway, for the remainder of my tour that's all they had.

*Q: What about the microscope collection, did that sort of get farmed out?*

**DR. COWART:** No, it was packed up and put into storage. This packing and storing was a big

operation. I mean, we engaged a professional mover to come in and oversee this entire operation. Even with that and the care that they were expected to give, we ended up losing a couple of files of glass slides. I remember one toppled over from a dolley, and we had broken glass all over for a week there. But damage was minimal.

But, to go back to your question, no, the scopes were packed in their own boxes, they were carefully tended and put away and not taken out again until the new space was available, I think, in 1972.

*Q: Did you get involved in any of the...I suppose the best word would be the pressure on Congress and all from the medical associations and all to establish a new museum?*

**DR. COWART:** No, I didn't get personally involved in that. This was really handled primarily by the Scientific Advisory Board. Now General Blumberg was behind it, we know that.

*Q: But he couldn't play...?*

**DR. COWART:** He couldn't legally lobby on his own, right. But the Scientific Advisory Board came to bat; they got the support of the AMA, the ASCP, the CAP, and, through this membership, pressure was applied. Congress saw the writing on the wall and came through.

*Q: So you left in 1969. So the Museum was all packed up and sitting on Van Ness and Connecticut Avenue. What did you do after that?*

**DR. COWART:** My orders took me to the *USS Sanctuary* in Vietnam. I spent a year and a half on the hospital ship. At first I was assigned to the pathology department, and then, about five months later, I got orders as commanding officer, and for my last year I served as commanding officer of the hospital on the *Sanctuary*.

*Q: Where was the* Sanctuary *moored?*

**DR. COWART:** Actually, we were under way most of the time. We were up and down the coast, from Danang northward to the DMZ and back. We patrolled that area regularly, anywhere from ten to twenty miles offshore, where we would receive helicopters bringing patients with injuries and what have you.

*Q: Were they mostly Marines?*

**DR. COWART:** There was a mix, Army and Marines primarily, yes. We had quite a few Vietnamese brought aboard, and an occasional North Vietnamese, a prisoner who was injured. I remember two or three of those.

*Q: You had been commanding officer of the* Sanctuary, *which always is a very handy thing to*

*have in the Navy, particularly for a doctor, or for any naval officer to get his command. When did you leave, and where did you go after that?*

**DR. COWART:** That year and a half took me up until May, June of 1971. And my orders then took me to a naval hospital on the West Coast, this was at the Construction Battalion Center in Port Hueneme, California.

*Q: The SEABEES.*

**DR. COWART:** Yes, the SEABEES, as commanding officer of that hospital, and I spent four years there.

*Q: While you were commanding officer both on the* Sanctuary *and on your shore installation, did you have any connection with the AFIP, of sending things off there or using it?*

**DR. COWART:** Occasionally, from the *Sanctuary*, I would send something or other. Most of our business there was injury, not much in the way of puzzling tumors or what have you. There might have been a rare lesion that came from, say, a Vietnamese national that we would send in, but I really can't say there was much.

*Q: You were treating casualties, which is quite a different matter than normal medical practice.*

**DR. COWART:** That's right. And the system that was established during the time I was in California, the smaller hospitals, like the one I was located in, would have to send materials for consultation through their regional centers, which would have been San Diego in our case. So we did not have direct contact with the AFIP on the consultation business. Of course, I maintained my own personal relationships, letter-writing or whatever, with individuals, but not on a business arrangement, no.

*Q: So you left California. Is that when you came to the AFIP?*

**DR. COWART:** That's when I came here, in 1975.

*Q: And what was your position then?*

**DR. COWART:** Well, I came as deputy director for one year, and then, when my predecessor, Colonel Hansen, departed, I was named director, succeeding him. That was in 1976. And, of course, the tour is four years, so I served that and then retired from the Navy.

*Q: How did you find the AFIP at that time? Because the Vietnamese War was over, at least for the United States, and the draft had stopped, the Berry program had stopped by that time and all.*

*How did you find the staffing of the AFIP at that time?*

**DR. COWART:** No one likes to say that wars are good, but they do bring on prosperity for certain activities. And you have to face facts. No, staffing suffered, there's no question about it. I can't say that we came close to being rendered immobile; no, we had enough to keep us going. The main deficit was in junior officers, who the senior staff had traditionally come to depend on for the mundane things of life. And I suppose it just meant tightening the belt and everyone turning to a little bit harder to get the work done.

*Q: Well, when you arrived at the AFIP, you had this time as deputy director and became director, you knew you had a four-year assignment, did you sort of set any goals of saying, well, during this period I would like to accomplish this or that for the AFIP? Or was it pretty much to keep it on course?*

**DR. COWART:** In a word, it was to keep it on course, with this condition. When I arrived, there was under way a bit of a contention between the surgeon general's office and the AFIP, which you probably have already heard of. This had to do with the relationship between the AFIP and an organization called UAREP, the Universities Associated for Research and Education in Pathology. These were tough times. I mean, it was traumatic, not just physically but primarily mentally, on the part of the senior administrators. This resulted in action that terminated the relationship between AFIP and UAREP. And in an effort to maintain certain programs that had been under way, with the assistance of UAREP, a new organization was formed, and that was the American Registry of Pathology (ARP).

Rather than risk telling you things you already know, I will simply shorten this and let you ask specific questions.

Historically, there had been an American Registry of Pathology at the Institute since 1932. This entity was an integral part of the Institute. It was actually, on the organizational chart, a major department, one of four major departments of the Institute. UAREP had been organized back in the mid-sixties to serve more or less as a fiscal agent to provide a means of managing and administering research grants, which involved work done at the AFIP. The AFIP, as a government entity, could not accept federal monies. Actually, other federal entities didn't have the authority to give another government entity funds for whatever, particularly the type work we're talking about, medical research, primarily. UAREP served as the fiscal agent to administer these grants and to hire the people that were paid through these grants. They did other things, but this was really the primary purpose for which they were organized. And they evolved into an organization which did still more things, some relating to AFIP activities, some not.

When UAREP's role was terminated in 1976 (the same year that I became director, but it happened earlier in that year while Colonel Hansen was still director), efforts were put forth to organize a new entity. And this was done in the form of a congressional law which established the American Registry of Pathology as a non-federal, non-profit organization. In essence, it was to perform those same functions that UAREP had been performing. Again, they became, in later years, involved in other things, many things that UAREP had never been involved in, but the concept was the same.

The primary goal that I established for my own efforts, to answer your direct question, was to do all I could to encourage the growth, the development of the ARP in as best manner possible, and to keep it strictly on legitimate... [tape ended]

*Q: You were saying that UAREP was sometimes on what was considered shaky ground. Could you give some examples of what this perception was.*

**DR. COWART:** What I was attempting to say was that the surgeon general's office, on looking into some of the activities that UAREP and AFIP were engaged in as a mutual effort, raised some questions...I can't use the word legal questions, and I choose to use the words shaky ground, primarily because I was not personally involved. Most of what I learned came secondhand, and this relationship evolved during those years that I was away from the Institute.

I did inherit the aftermath, in the form of the American Registry of Pathology and its formulation. And what came from all of this had to do with allegations which I cannot even say were totally valid.

One major item had to do with the indirect cost rate which UAREP charged for its services. The surgeon general's office, in their investigations, had the impression that UAREP was charging more than was legitimate. I don't know if that's true at all. I never saw any exact numbers put forth to substantiate this. I know that UAREP went through the established mechanisms of identifying what their indirect cost rates would be. This is spelled out in an OMB (Office of Management and Budget) circular which prescribes how the indirect cost is determined, and I know that they observed that. So I really don't know, of my own personal knowledge, how the surgeon general's office arrived at some of these conclusions.

The fact of the matter was, though, the surgeon general in effect ordered the director to sever the relationships, which was done.

In order to keep these programs going, however, another organization would be necessary, and it was worked out, with the support of Congress, to establish the American Registry of Pathology as a non-federal, non-profit organization to work with the AFIP in cooperative ventures in education, research, and consultation.

So that was what was in the works when I arrived in '75. The law which established the ARP was passed in July of 1976, just before I became director. And, to go back to your question, my biggest priority was to see that the ARP did develop as it should, as we thought it should, and was nurtured to perform those tasks for which it was devised.

*Q: As you saw them, what were the tasks? You were saying research and development and all that, but what were you really talking about, what type of thing?*

**DR. COWART:** The major item in all of this was the management of research grants--from NIH, from foundations, from whatever source. AFIP did not have the staffing nor, under the laws at that time, could they even accept federal grants, for instance, from the NIH. And our desire at the Institute was to increase these activities, research. The Institute had for most of its years been primarily concerned with consultation and the educational aspects of its mission. Research had always been a third part of its mission; it had always been the smallest portion of

effort and production. So, during most of the years since the AFIP's beginning in 1947, the desire to do more research was there; the funding was not. The effort to obtain grants became more and more intensified during the UAREP years, from 1966 to 1976, and then our desire was that the ARP continue in that vein by obtaining and managing these grants.

In addition to grants, there were other cooperative efforts, one being the short courses that the AFIP had been putting on for these many years (the same courses that I attended during my residency, for instance), and to develop more courses; the ARP's role being to handle the financial aspects of these courses, to collect monies in the form of tuition to these courses, and to pay for the expenses related to those courses: bringing in outside faculty, paying the expenses of that faculty, arranging for whatever hotel accommodations or other meeting-space accommodations may be necessary.

There were other, lesser roles that were in the mind of many people, but these had to be developed over the years.

We have to think of the atmosphere in which the Registry, the ARP, came into being. First of all, it had no money. All it had was a section in a law stating that there will be an organization known as... There was no funding, there was no prescribed means of obtaining money, so we had to be as creative as we could in coming up with these answers.

The first efforts were to organize the body, which would be composed of representatives from the various supporting professional organizations that had sponsored the various registries at the Institute from 1922, when the first registry was formed.

*Q: These are essentially civilian entities.*

**DR. COWART:** That is correct, these would be totally civilian, non-federal entities, right; the people represented being, as you say, non-federal people, yes.

*Q: All right, you get a bunch of interested people in the civilian world of pathology, but how would you organize it to get money in order to pay for these new projects?*

**DR. COWART:** Well, it wasn't easy, and it's still not easy.

*Q: You remind me of a university president.*

**DR. COWART:** Well, there are similarities. Of course, I, as director of the Institute, was not personally responsible for this; however, as I say, I made it one of my top priorities to encourage it and to do all I could within my powers to see that it happened.

The organization would be, just to make a long story short, a Board, which was composed of representatives from various professional organizations; these being organizations which either had in the past exhibited or would in the future exhibit enough interest in the ongoings at the Institute to lend some support, financial as well as other.

The first dollars that came in were in the form of donations from several of these professional organizations: the American Ophthalmologic Society, the American Society of Clinical Pathologists. There were a total, in the beginning, of about two dozen. I forget the exact

number, but it was in that range. By the time I left in 1980, I would guess that there were something like thirty-two, thirty-three supporting organizations, most of whom did make substantial cash contributions each year. There were a few that had their own financial problems, and they very frankly stated upfront, We can't afford it. So we accepted their support in forms other than financial.

So the Board was composed of these representatives. They were the guiding force of the Registry as far as its own internal policies and the hiring of any individuals that would be permanently assigned to Registry duties.

I, as the AFIP leader, so to speak, worked closely with them. I attended every one of their meetings, discussed problems with them, discussed plans with them frequently, and, as in my stated purpose, encouraged it for all I was worth.

*Q: Organizationally, how was the Registry different from UAREP?*

**DR. COWART:** It was very similar organizationally, very little difference. It became considerably different in that the AFIP (and I like to think that it was mainly through my efforts) kept the Registry in the building. UAREP never had office spaces in the AFIP building; they were located across town in Bethesda, in an office building. They did have employees who were working here in the Institute on these various grants, as the ARP does. But the nucleus of ARP was actually here in the building, and, for the four years I was director, I kept them very close to my office, where I could communicate with them very easily.

*Q: Also, I would assume that part of this was designed to keep an eye on the indirect costs, wasn't it, since this had been the bone of contention?*

**DR. COWART:** This was in our minds. The mindset of the Board of the Registry, however, was such that they were interested in keeping that rate low in order to be competitive. They felt that by having a low indirect cost, it would be more attractive to a granting organization to provide funds for whatever purposes. In other words, more dollars would go into the research effort than to administrative support. That was the attitude. So, indirect costs were not really a problem, from the beginning, because of that attitude. And that was supported by all of the Board. And, of course, I endorsed it; that was fine.

*Q: Was there any interest on the part of Congress? Having established this Board in law, did they sort of do it and forget and move on to other things, or was there anybody showing any interest?*

**DR. COWART:** I never saw any indication of a follow-up expression of interest or a query or whatever. I am not aware of any that came along, during my tenure, at any rate.

*Q: Well, moving from this. The director of an institute like this, obviously all the problems end up on your desk at one point or another. What were some of the other major problems that you had to deal with in this '76 to '80 period?*

**DR. COWART:** Problems seem to be the same everywhere: it's space and personnel, primarily. We'd been fortunate in funding. Many people talk about short dollars--and I'm not saying that the AFIP got more than they would justifiably obtain--I can honestly say, though, that we never really hurt for lack of funds. If we needed a special piece of equipment, we usually could get it by special effort through the surgeon general's office. I have to give them credit for being supportive.

This is the Army surgeon general, who serves as the executive agent in managing the AFIP's affairs. Even though that same law in 1976 set up the AFIP under the secretary of defense, whereas previously it had been under the secretary of the Army, the Army was still designated as the executive agent for administrative matters, and our funds came directly through the surgeon general's office.

Anyway, they were supportive.

We did have space problems. We always managed. For instance, when this building was first constructed, the Walter Reed Hospital was in its old building. Their pathology department was located in this building, in the Institute, on the second floor. I would say approximately one-third of the second floor of this building housed the pathology department of the Walter Reed Hospital. After their new building was constructed, those offices moved out into their own spaces, and we were able to take over that space for our own needs. That was the single biggest freeing-up of space, however.

Personnel, we've already alluded to the junior staff. For some reason, we always managed to get along with what we had. It meant, as I said before, a little belt-tightening and a little extra effort on the part of the rest of the staff, but we always managed. And there wasn't too much grumbling about it, at least not that I heard.

*Q: Did you ever contemplate doing something about the flow of work that was coming in? Because much of it was coming from the civilian side. In fact, the reputation of the AFIP has been sort of almost the supreme consultant for people with problems dealing with pathology on the civilian side. But yet, at the same time, you are a military institution, and I would think that any time that money matters came up, the director would sit there and say, well, maybe we might cut out the civilian side; I can save a lot of money. Did this ever come across your desk, and how did you deal with it?*

**DR. COWART:** The subject came up occasionally, but certainly not often. And I personally was always of the impression that the materials coming in from the civilian community were of more value than the dollar savings would reflect. I was totally in favor of continuing, as best we could, to accept those cases. That's basically where I stood.

*Q: Could you explain, because we're working on the historical record, why did you feel that the specimens coming in were more valuable?*

**DR. COWART:** Well, it reflects, in large part, a different spectrum of pathology. Although the military services have their own retired population, which represents the older age group, most of

it that we receive still comes from the young, healthy male, who made up the bulk of the service. The civilian community gave you everything, from the date of birth forward. And that was just my feeling, and I think most of the staff supported this, certainly those departments that saw lesions or entities that were derived from that older and different population group, the female, for instance. In my first years around here, the bulk of the military was male, and it was an occasional dependent's case that you saw. So it was to give that broader spectrum of disease processes that sparked that interest.

A secondary thing was maintaining these ties with the civilian community. To shut them off would be isolating yourself, and, in today's world, you can't do that. I always felt that the Institute should be involved in those outside activities, such as participation in the programs of the professional societies, for instance. They have their own educational programs; it would behoove the Institute to be involved in those.

And indeed we have been. Many of the courses and training programs that are put on by the pathology societies, the faculties of those programs are composed, in some degree, of AFIP representatives. And there are certain of the staff who are established experts in their own fields, and they are in great demand by these outside sources.

*Q: What about your relationship with the Navy? You were mentioning before that you would come back to this, the Navy sort of does things on its own, so it is really two-fold. How was it being a Naval officer dealing with an Army housekeeper, if you want to say, one, and two, what was the relationship, particularly with Bethesda, but with the Navy?*

**DR. COWART:** One would think that as a Navy director of the Institute, I could come up with a good answer to that question, but it didn't materialize in that manner. Historically, the Navy pathology departments have not, as a routine measure, sent materials in here as the Army and the Air Force have done. I have never been able to explain it. While I was director, I did indeed discuss this with the then-surgeon general. We even got to the point of the surgeon general personally signing a letter addressed to Navy pathologists, encouraging them to submit interesting materials to the Institute. That didn't cause a ripple. It's unbelievable; I couldn't believe it myself, but it happened. Now that's not to say the Navy doesn't send materials; it's just that they don't send proportionally what the other services do. We have always felt, at least I did, that we were missing something there, but that's the way it has worked. And why the Navy pathologists are that independent, I don't know.

*Q: Well, I grew up as a young lad in Annapolis, Maryland, and I can understand. The Navy does it its own way.*

**DR. COWART:** Well, that's a servicewide attitude, and maybe it rubs off on them. I really don't know.

*Q: Well, what about the Museum during this '77 to '80 period, dealing with the Museum, what were the developments of that? This must have all been close to your heart.*

**DR. COWART:** Well, we left the Museum when I went to the *Sanctuary* in 1969. The Museum was in storage at that time. Through a bit of a lobbying effort again, the new wing was authorized by Congress and added to this building. That was designed to house the Museum and the other activities which had been at the Old Red Brick downtown. That new wing opened in 1972, and the Museum began its buildup to get exhibits reestablished. Much of it was the preserved exhibits that we had put in storage in 1968. Within a year of reopening, the assistant secretary of defense told the director of the Institute that the Museum would have to be put in storage again to make room for the Medical School of the Uniformed Services University of the Health Sciences, which was the so-called Military Medical School. They had been formed by congressional act and had no place to go until their own building was completed. And that didn't happen until about 1975, if I remember correctly. So, within a year of getting started again, the Museum went back into storage.

*Q: Sounds like the curators were experts at packing.*

**DR. COWART:** Yes, it was a shame, but that's the way it worked; orders come down and you have to perform. Anyway, the Museum spaces were indeed turned over to the medical school. And, as I said, the med. school was in there. They started their first class and eventually moved into their own building over at Bethesda, I think it was in 1975, I would have to confirm that.

But, once again, we go through the throes of unpacking. First of all, getting the spaces back into shape. The school had installed an anatomy lab, for instance, with autopsy tables permanently installed. All of this had to be removed and then the spaces reconverted to museum spaces.

We tended to follow the same programming that had been in place when we went into storage in '68, mainly because the exhibit materials were there, they were available, and it would go up quickly. There were a few new things, and, as soon as possible, new ideas began to flow, and, as funding provided and time on the part of the shops, we did bring it back.

As far as new programs, I tended to leave this to the curators. I was never one for micromanagement. I was interested, but I didn't want to interfere. I supported them as best we could with the resources at hand, and we made some strides. I don't know of any specifics right off hand that I could point to.

We did have quite a turnover in curators, I might say that. I think there were three curators during the five years that I was here as deputy and later as director.

*Q: Was it of concern that...it obviously came as no surprise, but being out at Walter Reed, which is some distance from the tourist part of Washington, that your Museum was just not really the same thing as far as the general public was concerned?*

**DR. COWART:** That's very true. We knew this from the beginning. That was one of our major arguments in 1967, when they first spoke of demolishing the old building: Take us off the Mall and we're lost. Well, one of the arguments to counter that was that Washington has a plan. They showed us some plans; it looked as if there were going to be spokes of a wheel coming out

of the Mall area, coming out to various locales, and we would be one of them. But that, of course, never materialized.

Anyway, the attendance did dramatically fall off. First of all, the Museum had been closed for four or five years. There had been absolutely nothing anywhere. And then, to start anew after all that time, it was almost impossible.

Actually, the little growth in attendance that we have seen since 1976 has been fairly respectable considering the distance we have been from downtown. In the beginning, I think all the attendance was by people who happened to be visiting Walter Reed, either patients themselves who'd drop over, or family or visitors of patients in the hospital. Gradually, we began to work up the program of schools, though, and that became the mainstay. There was a big traffic in school groups coming out. And, of course, this was encouraged. And part of the new development was the development of a larger cadre of volunteers to participate in assisting with the tour groups. I don't know how many docents they have today, but it's a different scene from when we had the old building downtown.

*Q: The whole docent idea of using volunteers really started in the sixties, I suppose, and moved on into...*

**DR. COWART:** While I was downtown, before the old building was demolished, we had no more than one or two. You couldn't call it a program; it was a hit and miss proposition. I have to give them credit out here. Once they got started, they did develop a program and it has grown respectably, yes.

*Q: Well, now, to the non-museum side of the Institute, you had some long-term civilians who were here, who had eminence in their field and all, and were running their own areas of expertise. And then you had military coming in and out. How did you find, as director, mixing this oil and water between the civilian and the military world of pathology?*

**DR. COWART:** Actually, that had been in place since the end of World War II, long before my first experience with the Institute. The then-director, Colonel Ash, encouraged this strongly.

*Q: He was director from '37 to '46, in this period you're talking about.*

**DR. COWART:** That's correct. I think he was the first that really pushed the civilian arm, and subsequent directors encouraged and built on it. But the continuity provided by the civilian staff is most valuable, and the military recognizes it. At one time, I'm not sure about today, I've not been that close to the organizational structure, but a bit over half of the department heads have been civilians. They're federal employees, but they are civilians. Most of the military staff have been either the junior professionals or the administrative staff. Practically all, I would say ninety or more percent, of the administrative staff throughout the Institute has been Army. This is particularly true in the chiefs of the various administrative divisions: finance, personnel, what have you.

*Q: Did you find, as the director of the Institute, with specimens and requests for consultations coming in to all these various bureaus, you had people in the various bureaus answering them, and as in any organization, the personality of whoever is the head of a division, takes over, and some must have been answering in a hurry, some must have taken their time and all this, did you ever try to rationalize this? How did you look at sort of work flow in and work flow out for the various departments?*

**DR. COWART:** Are you talking about in reporting cases, primarily?

*Q: Well, right now, yes, consultation cases that would come in.*

**DR. COWART:** All right. Well, for many, many years there's been a fairly standard format for reporting. It hasn't been left totally to individual departments to establish their own way of reporting. And for most of the years that I'm aware of, all reports have been passed through either the director's office or one or another of the deputies', as a part of this format, to make sure that it is consistent with the desired means of communicating with those contributors out there. Now the department heads do have their own prerogatives on calling it what it is--nobody argues with them there--but when it comes to putting it on paper and reporting, we have prescribed certain parameters that must be met.

*Q: Well, what about timing? Timing must have always been a problem--one department is turning it around rather quickly, another is taking a lot of time and all this.*

**DR. COWART:** This has always been a problem, and there have always been sporadic efforts to correct it. I don't know that it'll ever be totally solved myself. I sometimes think you're fighting the wind on this. And that's not to say that it has anything to do with recalcitrance or reluctance on the part of a department to put a case out. There are certain things that have to be done with a case. Some department heads are more meticulous than others when it comes to firmly establishing, without a question of a doubt, this, this, and this. And some of them demand certain special studies; whether they might be absolutely necessary or not, I won't even pretend to know. But there are too many variables to make a strong statement that you will get every case out in two days, or forty-eight hours, or whatever you want to call it.

*Q: But I assume this was a constant element there of trying.*

**DR. COWART:** It comes up frequently. It's not a day-to-day thing that's right here in the front of your mind, but it comes up often enough, especially at annual report time when you start looking at the numbers. And efforts are pretty much online constantly to keep it moving, yes, and there have been various methods tried by different directors to accomplish it. And there have been strides made. Again, though, I don't know if there is one single answer that's going to result in a final solution.

*Q: I doubt it. What about equipment? Medicine, I would think, particularly in the field of pathology, would be particularly prone to what is...I'm giving it the wrong word, but the equivalent to the latest fad of the day, whether it's DNA, or the electron microscope, or some sort of new stain, or something like that. Did you, as director, come across any particular wave of new type of equipment that you had to deal with? Were the department heads always asking to get the latest thing? And these cost money.*

**DR. COWART:** I really can't think of anything during my tenure. The acquisition of equipment has, first of all, always depended on funding, but when a new technique comes along, something requiring an expensive piece of equipment, there may be a lag, but I would say that almost always we've been able to get it. Now there are certain techniques or modalities that require a certain expertise, and if the Institute doesn't happen to have a person onboard who can do this, it's useless to get the piece of equipment. First, you have to look around and see if there's someone available that we can recruit to institute this type of procedure. In which case, we would have to work on two tracks at the same time: getting the person and getting the equipment. I would say the Institute has not suffered too much in this regard. There's always a lag in getting something, and the more expensive it gets, the longer the lag, as a general rule. But I would say we've pretty much always been able to get what we felt we really needed. I can't say that we've been shortchanged badly on anything of that nature. When we've needed new scopes, we've gotten new scopes. Electron microscopes...and this goes back to the 1950s, actually, Colonel Townsend, I think, was involved in this. He brought in a specialist to work on electron microscopy, brought him in from Europe.

*Q: From Norway or Sweden or somewhere.*

**DR. COWART:** Sweden, yes. And then put about installing the equipment. By the time I first got here in the late sixties, I think there were close to twenty electron microscopes on the floor. Even then, other staff had become proficient in their use, and there were often discussions about availability of electron microscope time. We had to schedule them in order to get everybody his share of time. We may not have always had as much as we needed for everybody, but the technique was available and it was functioning.

*Q: What about research? Did you ever get involved in sort of the balance between how much should be research and how much should be dealing with the day-to-day consultation in the various departments?*

**DR. COWART:** I don't know that anybody, directors or otherwise, has attempted to impose a certain amount, either percentagewise or dollarwise. There has been strong encouragement, I think, from all the directors, to get the staff, and I mean all the staff, involved in research. In other words, as best you can, work it into your program. I have always felt that there are some people who just aren't equipped to do research. And I would be the last one, I think, to say, Dr. X, you will do this much research next year or plan to get out of here. That would never happen.

*Q: There is no publish or perish feeling as far as...*

**DR. COWART:** Not as far as I was concerned, no, no. I recognize that some of the staff are experts in, say, the consultation field; they may be lousy educators, and I would be the last one to want to put them on a podium. I'm not saying that that is true, it's an example of what I'm talking about. And the same applies to research: some people just wouldn't work out as researchers. For that reason, I have never felt that these requirements should be so ironclad and imposed with such force. We've encouraged. I've encouraged as much as anyone those who felt they were capable and wanted to and were interested.

*Q: Well, now, looking back on your time here, what sort of, in retrospect, gave you your greatest feeling of accomplishment?*

**DR. COWART:** Oh, that's hard to say. I think the development of the Registry would have to go at the top of any list that I could put together. We did make it a viable organization. It worked as we had expected it to and wanted it to. The fact that I later became involved with it as director of the Registry has nothing to do with what I'm saying. I'm talking about up until 1980 when I retired from the Navy and from the Institute. It was a going concern and it was functioning. That was a great source of satisfaction, yes.

*Q: Well, looking at it from your career, what, in your estimate, makes for a good pathologist? If a young man or a young woman comes in and says I'm thinking about being a pathologist, what sort of things would you say for them to sort of introspect themselves to figure out if they'd make it?*

**DR. COWART:** I don't know that I'm the best person to give you an answer to that. I've seen a lot of young people come and go. And, as I've said repeatedly, I've been in administration so long and away from pathology as a practice, I don't have that personal insight. I think there are some people that just are made that way. I mean, it takes an intense attention to what you're doing and a desire to dig in and learn. The same holds true of any specialty, though, so what I'm saying probably would apply to most any specialist out there, be he a surgeon or a gynecologist or whatever. He has to have that built-in interest to stick to it and develop his own background. I don't pretend to go any further than that.

*Q: Well, just a last question. You retired in 1980, what, in sort of summary, has been your career since that time?*

**DR. COWART:** Well, most of it's been back at the Institute with the American Registry of Pathology. In late 1981, I came in to replace Dr. Earle as executive director of the Registry, and I stayed in that position until December of 1990, when I retired from that.

*Q: Have there been any developments in that decade that changed the Registry?*

**DR. COWART:** Oh, there certainly have been. During the ten years up until I retired in 1990, the greatest growth...well, there are two areas. One is in the research grants. There was considerable growth, and I can't quote dollar figures, but we were building up quite a file of outside-supported research in the form of grants from the government entities, particularly NIH, as well as certain non-profit areas, such as the Robert Wood Johnson Foundation, for one, the Edna McConnell Clark Foundation, for another. There are about six or eight foundations that have provided substantial support, in addition to the NIH work.

What I have found more...well, appealing to me, at any rate, has been the support of educational programs. When I became director and the Registry was in its infancy, all of the short courses were being managed strictly and solely through the AFIP. Within a couple or three years, we started shifting course support through the Registry. And by the time I left in 1990, I think there were twenty-seven or twenty-eight short courses that were being supported through the Registry. That means the Registry was administering all of these programs. The AFIP was providing the faculty leadership; the Registry was bringing in supportive faculty from the outside and making all arrangements for these programs.

We had not yet gotten into the consultation field. That was something that was begun to be discussed in the last year that I was with the Registry. I understand that since I left, that has become a viable part of the program in the Registry and appears to be paying off.

*Q: Well, did you see, in this time, any diminution of the role of the AFIP in the American pathology as institutions rose and universities and maybe with some major institutes or hospitals doing somewhat rival type work, or not?*

**DR. COWART:** I've not observed that, no. We have continued cooperative efforts with the non-government sector, the professional societies particularly. The cases have continued to come in from the civilian community. The AFIP staff participation in training programs of the societies is usually an up and down thing from one year to another; overall, there continues to be a regular participation effort in this regard. As far as any clashes or conflict, no, I have not seen that at all. And with the Registry in place, the Registry is totally dependent on these cooperative supports from the various civilians societies.

*Q: Well, doctor, I want to thank you very much. This has been a fascinating interview. I appreciate very much your effort.*

**DR. COWART:** Well, it was my pleasure. Thank you very much.